PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

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_												
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN			
TOTAL CLAIMS			7.8				.	RATE	FEE	7	RATE	FEE.
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS 7 8 minus 20			nus 20=	s 20= * \(\frac{1}{2} \)			X\$ 9=		OR	X\$18=	144	
INDEPENDENT CLAIMS U minus 3 :			inus 3 =	* \			X43=			X86=	81	
MULTIPLE DEPENDENT CLAIM PRESENT					П		74.10		OR	7.00	0 D	
						'	+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	Spee	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL			
Г		CLAIMS	1	HIGHE	ST	T	1		A D D I	7		ADDI
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	[X43=		OR	X86=	-
		NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		1	+145=		OR	+290=	
3	01.0	708					I.	T145=		On I	1200-	
/	126,2	1, 00	-					TOTAL		OR	TOTAL	
	/	•					A	DDIT. FEE		10	ADDIT. FEE	
		(Column 1)	•	(Colum	ın 2)	(Column 3)						
		CLAIMS		HIGHE	ST	ľ	lr	· · · · · · · · · · · · · · · · · · ·	ADDI-	1 1		ADDI-
8	•	REMAINING		NUMB	_	PRESENT		RATE	TIONAL		DATE	TIONAL
Z		AFTER		PREVIO		EXTRA	1 1	naie			RATE	
JE.		AMENDMENT		PAID F	UH		-		FEE	i ł		FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CI AINA	-		X43=		OR	X86=	
	PIRST PRESE	INTATION OF MC	JLIIPLE DEF	ENDENT	CLAIM		' [+145=		OR	+290=	
							L	TOTAL		l r	TOTAL	_
		•	•			٠.	A	DDIT. FEE		OR ,	ADDIT FEE	
		(Column 1)		(Colum		(Column 3)					•	
	` .	CLAIMS		HIGHE		·	lr		ADDI-			ADDI-
인		REMAINING AFTER	l .	NUMB		PRESENT		RATE	TIONAL	1	RATE	TIONAL
z I		AMENDMENT		PREVIOU PAID F		EXTRA	H	DAIE	FEE	•	TVALE	FEE
Ξŀ							▎┠		1 66	ŀ		
AMENDMENT	Total	*	Minus	**		=	L	X\$ 9=		OR	X\$18=	
¥	Independent	*	Minus	SAIDENT (OL A154	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										t		
								+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							_	TOTAL	·	OR .	TOTAL	
	uie riignest Nur The "Highest Nur	mber Previously Pa mber Previously Pa	RI FOR IN THIS	S SPACE IS I	ess that less that	1 ≥0, enter "20." 3. enter "3 "	A	DDIT. FEE	لـــــــــــــــــــــــــــــــــــــ	. T A	ODIT. FEE L	
		ber Previously Paid					r foun	d in the appr	opriate box	in colu	mn 1.	·
						•		•			-	1